

Immunization Newsletter

North Dakota Department of Health

Division of Disease Control

Fall 2003

Chickenpox (Varicella) Mandatory Reporting Requirements

Chickenpox is a mandatory reportable condition in North Dakota. All chickenpox cases should be reported to the North Dakota Department of Health (NDDoH). Cases may be reported online at www.health.state.nd.us/disease/DiseaseCard.

Surveillance of chickenpox is important to document and monitor the impact of the varicella vaccination program on disease incidence, morbidity and mortality; to evaluate the effectiveness of prevention strategies; and to evaluate vaccine effectiveness under conditions of routine use. Rapid case identification and public health action are important to prevent infection of susceptible people at high-risk for serious complications of varicella, such as immunocompromised individuals and pregnant women.

Schools, childcare centers and health care providers are encouraged to report cumulative case counts of chickenpox by age group or grade. Childcare centers and schools are the most common sites for chickenpox outbreaks. Reporting from schools and childcare centers provides

important information to determine if further control measures are needed. Investigations help to determine whether outbreaks are due to the failure of vaccine or the failure to vaccinate. Vaccine effectiveness can be evaluated by comparing rates of disease among vaccinated and unvaccinated individuals in outbreak settings.

In 2002, only 19 cases of chickenpox were reported to the NDDoH. Before vaccine became available, varicella was almost a universal disease. The varicella vaccination coverage rate in 2002 was only about 67.4 percent. Therefore, most cases of chickenpox were not reported. Please make mandatory reporting of chickenpox a priority.



Pneumococcal Conjugate Vaccine (PCV-7)

Pneumococcal conjugate vaccine (PCV-7), known as Prevnar®, protects children against seven serotypes of pneumococcal disease. Pneumococcal infections in children can cause acute otitis media, bacteremia and meningitis. *Streptococcus pneumoniae* has become the leading cause of bacterial meningitis among children younger than 5 in the United States. By age 12 months, 62 percent of children have had at least one case of acute otitis media. Middle ear infections are one of the most frequent reasons for pediatric office visits in the United States. Pneumococcal disease is preventable by vaccinating with pneumococcal conjugate vaccine.

Pneumococcal conjugate vaccine is available through the Prevention Partnership Program for all North Dakota children age 6 weeks to 59 months. All children younger than 24 months should be vaccinated with PCV-7. High-risk children age 24 months to 59 months also should be vaccinated with PCV-7. Consult the vaccine coverage table for an explanation of high-risk children who should be vaccinated.

Recent studies have indicated that children with cochlear implants are at increased risk of pneumococcal meningitis and should be vaccinated with pneumococcal conjugate vaccine and pneumococcal polysaccharide vaccine. The Advisory Committee on Immunization Practices (ACIP) recommendations for vaccination of patients with cochlear implants is available at www.cdc.gov/mmwr/preview/mmwrhtml/m2e731a1.htm.

In 2002, only **29.5** percent of children age 19 months to 35 months in North Dakota had three doses of PCV-7, compared to the

national average of 40.8 percent. The shortage of PCV-7 vaccine in 2002 contributed to these low percentages. **There is no longer a shortage of pneumococcal conjugate vaccine, so there is little reason for any child in North Dakota not to be vaccinated.** The NDDoH encourages all providers to vaccinate children with pneumococcal conjugate vaccine.



Influenza Update

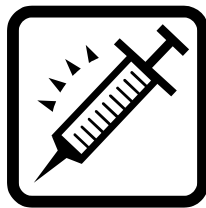
Influenza and pneumococcal campaign materials may be ordered by calling the North Dakota Department of Health at 800.472.2180. To increase vaccinations of children, a new children's poster is available. Pneumococcal campaign materials new this year include a magnet, a fact sheet and an informational brochure.

This season, the influenza vaccine supply is expected to meet the demand. Therefore, anyone who would like to receive a flu shot should do so as soon as the influenza vaccine becomes available. Influenza causes approximately 36,000 deaths and 114,000 hospitalizations each year. Providers should encourage all patients to receive the influenza vaccine, especially those in high-risk groups.

Tetanus Vaccine Adverse Event

A severe reaction to tetanus-diphtheria toxoid vaccine (Td) was reported to the North Dakota Department of Health in July. This person did not remember receiving the vaccine the previous year, which resulted in her receiving two Td vaccinations in less than one year. Within the first week after vaccination, flu-like symptoms and arm pain developed. Her reaction included:

- Pain in the right hand and arm.
- Trouble breathing.
- Arm, leg and back pain.
- Jaw aches.
- Body aches.
- Loss of dexterities in both hands.
- Numbness and tingling in arms and legs.
- Loss of memory.
- Vertigo symptoms.
- Some hyperacusis.
- Intermittent muscle spasms in the throat with difficulty swallowing.

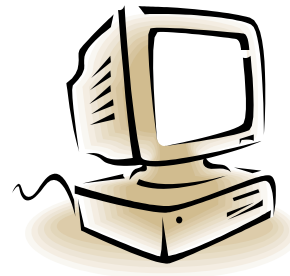


This person was hospitalized, and then transferred to a rehabilitation unit for physical therapy.

This case is a lesson to all providers that immunization records should be checked before vaccines are administered. Patient recall information is often inaccurate. In order to provide an accurate immunization record, providers are strongly encouraged to enter all immunizations into the North Dakota immunization registry.

If you are providing immunizations at a site that does not have a computer and are therefore unable to access the registry, please call the North Dakota Immunization Program at 800.472.2180. After appropriate authentication, we will provide you with immunization information and history from the registry.

Providers also should remember that all vaccine adverse events should be reported to the Vaccine Adverse Events Reporting System (VAERS). VAERS online reporting is available at www.vaers.org/.



Immunization Website (Coming Soon)

The **new immunization website** will be available soon at

www.health.state.nd.us/disease/immune.

A memo will be sent to all Prevention Partnership Providers when the new website is completed. The *Immunization Newsletter* will be available on the website, as well as North Dakota Immunization Program forms and memos. Vaccine online ordering also will be accessible. The website will have links to many other essential immunization websites, including the National Immunization Program and the Immunization Action Coalition. The new immunization website will include information for providers, the public, schools and childcare centers.

Questions & Answers



1. Can PEDIARIX™ be given for the fourth and fifth dose of the DTaP series?
A. No. The Food and Drug Administration (FDA) has not licensed PEDIARIX™ for the fourth or fifth dose of the DTaP series.
2. As a Prevention Partnership Provider, what am I required to send to the NDDoH every month?
A. Prevention Partnership Providers are required to send a *Monthly Doses Administered Report and Inventory Report*, four continuous temperature monitor wheels, and the temperature log from the previous month.
3. When should only four doses of DTaP be given?
A. The fifth dose of DTaP is not necessary if the fourth dose is given after the child's fourth birthday.
4. If a child has chickenpox disease after receiving varicella vaccine, is he or she still contagious?
A. Yes. A vaccinated child who develops a rash is contagious. It is recommended that close contact with people at high risk of complications from varicella, such as immunocompromised individuals, be avoided until the rash is resolved.
5. What children may receive the influenza vaccine under the Prevention Partnership Program?
A. The Prevention Partnership Program provides influenza vaccine for healthy children age 6 to 23 months, contacts of children younger than 6 months of age, contacts of high-risk children, and children at increased risk of complications from influenza.
6. As a Prevention Partnership member, what immunization records am I required to maintain?
A. Providers are required to maintain immunization records for all individuals vaccinated through the Prevention Partnership program. Prevention Partnership members are encouraged to enter all immunizations into the registry, including influenza and adult tetanus. Also, if people need to be revaccinated due to storage problems or recalled vaccine, their records easily can be checked in the registry instead of looking through patient charts. The registry is also a useful tool to prevent unnecessary vaccinations.

**Please call the North Dakota
Immunization Program at 800.472.2180
with any vaccine or immunization questions.**





Congratulations to the Greater Grand Forks Immunization Coalition

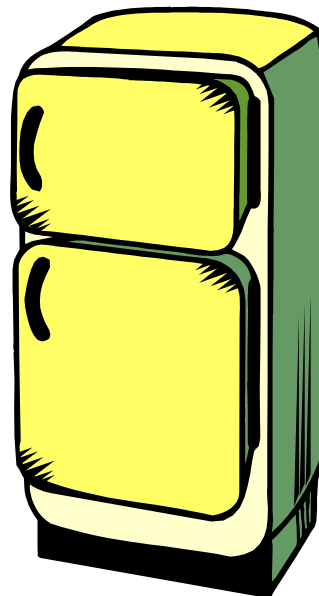
In September, the Greater Grand Forks Immunization Coalition received a “Best Practices Award” at the annual National Associations of County and City Health Officials (NACCHO) and Association of State and Territorial Health Officers (ASTHO) combined conference in Phoenix, Ariz. The award was for the drive-through clinic held last year. Kathy Dunn accepted the award on behalf of the coalition.

The Greater Grand Forks Immunization Coalition worked in partnership with Grand Forks Public Health and Altru Health System in sponsoring a drive-through flu clinic. The goal of the drive-through flu clinic was to increase community residents’ influenza vaccination levels. This type of clinic eliminated the need to find parking and stand in long lines. The coalition launched a public awareness campaign using television, radio, agency newsletters and church bulletins. The clinic was held on a Sunday, and the coalition provided donuts to their clients after vaccination.

The Greater Grand Forks Immunization Coalition was able to vaccinate 467 residents, ranging in age from 2 through. Grand Forks plans to make the drive-through clinic an annual event.

Vaccine Wastage

Prevention Partnership providers are required to inform the North Dakota Immunization Program of all vaccine storage and wastage problems. **All wasted and expired vaccine should be returned to the NDDoH. Do not throw vaccine away.** Vaccine return forms should be completed and returned with the vaccine to the Immunization Program. **Providers may be responsible for the cost to replace vaccine wasted due to negligence.** Please call the North Dakota Immunization Program at 800.472.2180 with any questions about vaccine storage and wasted vaccine.



School Immunization Schedule

The immunization schedule for the 2003-2004 school year will remain the same as last year. Varicella (chickenpox) vaccine will not be required until the 2004-2005 school year. Students may be exempt from immunization requirements only for medical, philosophical, moral or religious reasons. The following table summarizes current school immunization requirements:

Vaccine Type	Minimum Number of Doses Required Per Grade	
	Kindergarten-Grade 6	Grades 7-12
DTaP/DTP/DT/Td	4 or more*	4 or more*
IPV/OPV	4 [†]	4 [†]
MMR	2	2 [¶]
Hepatitis B	3 [£]	

- * One dose must have been given on or after the fourth birthday. Three doses of Td are required for children age 7 or older not previously vaccinated.
- † **IPV or OPV schedule:** If the third dose was given on or after the fourth birthday, the fourth dose is not required. If a child has received a total of four doses of **any combination** of OPV and IPV at least four weeks apart, he or she is considered adequately immunized against polio.
- ¶ Two doses of MMR given on or after the first birthday at least four weeks apart are required for children who entered kindergarten or first grade in the 1992-1993 school year and thereafter. Each subsequent year, the next higher grade is included; e.g., **for the 2003-2004 school year, two doses of MMR will be required of children attending kindergarten through grade 11.**
- £ Three doses of hepatitis B vaccine are required for entrance into kindergarten, effective with the 2000-2001 school year and thereafter. Each subsequent year, the next higher grade is included; e.g., **for the 2003-2004 school year, three doses of hepatitis B vaccine are required for children attending kindergarten through third grade.**



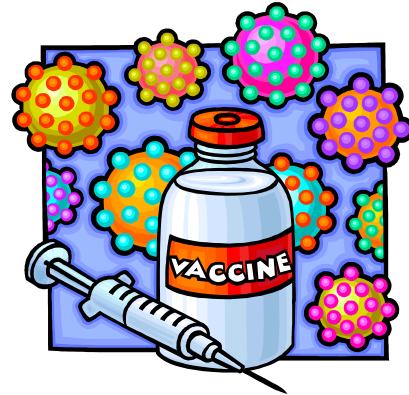
Upcoming Events:



- National Adult Immunization Awareness Week: **October 12 – 18**
- Influenza Vaccination Campaign Kick-off at Custer Health in Mandan: **October 17**
- 2003 Immunization Registry Conference in Atlanta: **October 27 – 29**

Contact the North Dakota Immunization Program at 800.472.2180 if there is an immunization event in your area.

The *Immunization Newsletter* is a quarterly publication distributed to Prevention Partnership Providers.



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